PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09833543

CLAIMS AS FILED - PART T (Column 1) (Column 2)								SMALL ENTITY TYPE ()			OTHER THAN OR SMALL ENTITY,		
Go	OTAL CLAIMS		34				ſ	RATE .	FEE	1	RATE	. FEE	
OR			NUMBER FILED		NUMBER EXTRA		•	IASIC FEE	355.00	OR	BASIC FEE	710.90	
30	TAL CHARGEA	BLE CLAIMS	4/ minus 20=		2		ſ	X\$ 9=	189	OR	X\$18=	/1	
INDEPENDENT CLAIMS				6 minus 3 = 3			ľ	X40=	120	OR	X80=	11	
WULTIPLE DEPENDENT CLAIM PRESENT							ſ	+135=	135	OR	+270=		
If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL .	799	OR	TOTAL		
2	CLAIMS AS AMENDED - PART II										OTHER		
(Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR	SMALLA	NTITY	
NT AN		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ZO₩E	Total	· N3	Minus	N		c		X\$ 9=		OR	X\$1B=		
AMENDMENT	Independent	• 9	Minus	***	<u>(</u>	= 3		246=	30)Je/	OR	X80=		
Ľ	FIRST PRESE	NTATION OF MI	ULTIPUE DEP	ENDEN	CLAIM		ſ	+135=		OR	+270=		
	1	0.5						TOTAL		OR	TOTAL		
	111141	Uう . (Column 1)	· (Column 2) (Column			(Column 3)	A	DOIT. FEE	,	J O ".	ADDIT. FEE		
		CLAIMS	()		EST		r		ADDI-	1 1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT			BER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	. 41	Minus	•	\Box	=		X\$ 9=		OR	X\$18=		
AME	Independent	. 9	Minus	eet CAIDEAD	9	-	I	X40=		OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						T	+135=		OR	+270=		
								TOTAL DOIT, FEE	· ·	OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
ENT C		CLAIMS REMAINING AFTER AMENOMENT		NUM PREVI	(EST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDME	Total	•	Minus	••		•	Γ	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	•••		-		X40=		AB	X80=		
۲	FIRST PRESE	NTATION OF M	لىي	9			OR						
' If the entry in column 1 is less than the entry in column 2, write "O" in column 3.								+135=		OR	+270=		
"If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE													
	The T-lighest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.												
FORM STO AND													